

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

1D-S99545

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

**AFTER
1ST AMENDMENT**

**AFTER
2ND AMENDMENT**

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IND.**

**TOTAL
DEP.**

**TOTAL
CLAIMS**



**TOTAL
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**TOTAL
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